

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac Street, Suite 400

☐Check if different
than previously
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2009

through

05

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Andersen

Signature of Treasurer

Electronically Filed by Brent Andersen

Date

06

15

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		22603.34
(b) Cash on Hand at Beginning of Reporting Period	30113.34	
(c) Total Receipts (from Line 19)	61662.33	310698.12
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	91775.67	333301.46
7. Total Disbursements (from Line 31)	49557.05	291082.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42218.62	42218.62
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	14089.09	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	47093.33	239389.99
(i) Itemized (use Schedule A)	13424.00	61058.00
(ii) Unitemized	60517.33	300447.99
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	5000.00
(c) Other Political Committees (such as PACs)	60517.33	305447.99
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1145.00	5250.13
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	61662.33	310698.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	61662.33	310698.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	38256.01	233843.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	38256.01	233843.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	5000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	103.31
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	11301.04	52136.19
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	11301.04	52136.19
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	49557.05	291082.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49557.05	291082.84

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	60517.33	305447.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60517.33	305447.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	38256.01	233843.34
37. Offsets to Operating Expenditures (from Line 15, page 3)	1145.00	5250.13
38. Net Operating Expenditures (subtract Line 37 from Line 36)	37111.01	228593.21

Form/Schedule : **F3XN**

Transaction ID :

ALL ACTIVITY WAS SOLELY RELATED TO MASS.REPUBLICAN PARTY ACTIVITY. NO ACTIVITY INVOLVED A
CANDIDATE. NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACT
RED TO BE REPORTED ON SCHEDULES B, E, OR F. All donors who have contributed \$200 or more were sent
a letter within 30 days asking for employer-occupation if one was not provided in order to meet best
efforts policy. *** Robert Willington- offset to operations -\$1145.00 - was for COBRA health-insura-
nce coverage reimbursement (paid to Blue Cross Blue Shield) for former employee **

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Karen Bacardi

Mailing Address 137 Highland St

City

Milton

State

MA

Zip Code

02186-4407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Shareholder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: 90513.C173474

Amount of Each Receipt this Period

2000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Ann Blackham

Mailing Address 60 Swan Road

City

Winchester

State

MA

Zip Code

01890

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coldwell Banker

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: 90528.C173747

Amount of Each Receipt this Period

4000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Erik Brooks

Mailing Address 5 Northwood Ave

City

Wayland

State

MA

Zip Code

01778

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: 90601.C173791

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Sidney Buma

Mailing Address 38 Indian Spring Road

City

Ashland

State

MA

Zip Code

01721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: 90513.C173501

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

David Cowles

Mailing Address PO Box 950

City

Medfield

State

MA

Zip Code

02052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Best Effort Sent

Occupation
Benefits Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: 90528.C173741

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Theodore Cutler

Mailing Address 33 Commonwealth Ave.

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Interface Group

Occupation
Travel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: 90513.C173476

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Jody Dow

Mailing Address 71 Leicester Street

City

Brookline

State

MA

Zip Code

02445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Elias Dow

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: 90520.C173606

Amount of Each Receipt this Period

2000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Wesley Eaton

Mailing Address 304 Brooksby Village Drive
Unit 308

City

Peabody

State

MA

Zip Code

01960

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 9

Transaction ID: 90520.C173611

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Christopher Fava

Mailing Address 200 Watercourse Place

City

Plymouth

State

MA

Zip Code

02360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bowne & Company

Occupation

Software Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: 90522.C173643

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Sandra Forsythe

Mailing Address 279 North Street

City

Hingham

State

MA

Zip Code

02043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: 90601.C173797

Amount of Each Receipt this Period

300.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Richard Frisbie

Mailing Address 128 Beacon Street
Unit H

City

Boston

State

MA

Zip Code

02116-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Battery Ventures

Occupation

Venture Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 9

Transaction ID: 90520.C173610

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

William Frothingham

Mailing Address 117 School St

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: 90513.C173512

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Jane Gnazzo

Mailing Address PO Box 1119
404 W. Cotter Avenue

City State Zip Code
Port Aransas TX 78373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Real Estate Develop

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: 90528.C173744

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Merle Green

Mailing Address 9 June Street

City State Zip Code
Pepperell MA 01463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Retail

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: 90528.C173733

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Dola Hamilton Stenberg

Mailing Address 5 Louisburg Square

City State Zip Code
Boston MA 02108-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer
At Home

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: 90513.C173478

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Christopher Healy

Mailing Address 27 Dorchester Road

City

Wethersfield

State

CT

Zip Code

06109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Republican Pa-
rty

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: 90522.C173647

Amount of Each Receipt this Period

150.00

Receipt

B.

Full Name (Last, First, Middle Initial)

James Hill

Mailing Address 81 Marlborough St. #1

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jen Mark, LLC.

Occupation
Merchant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: 90522.C173637

Amount of Each Receipt this Period

150.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Amory Houghton, Jr.

Mailing Address 80 East Market Street
Suite 300

City

Corning

State

NY

Zip Code

14830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: 90508.C173433

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Stephen Jeffries

Mailing Address 12 Brimmer St.

City

Boston

State

MA

Zip Code

02108-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
S.B. Jeffries Consultants

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.99

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: 90508.C173442

Amount of Each Receipt this Period

208.33

Receipt

B.

Full Name (Last, First, Middle Initial)

Linda Jewell

Mailing Address 11 Dover Circle

City

Franklin

State

MA

Zip Code

02038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: 90522.C173638

Amount of Each Receipt this Period

300.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Elizabeth Johnson

Mailing Address 1 Charles River Square

City

Boston

State

MA

Zip Code

02114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: 90508.C173440

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

708.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Jeanne Kangas

Mailing Address 959 Hill Rd

City

Boxborough

State

MA

Zip Code

01719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arnold & Kangas, P.C.

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: 90522.C173634

Amount of Each Receipt this Period

1500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Lawlor

Mailing Address 840 Central St

City

East Bridgewater

State

MA

Zip Code

02333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: 90601.C173792

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Gregg Lisciotti

Mailing Address 24 Walden Court

City

Leominster

State

MA

Zip Code

01453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lisciotti Development Cor-
p.

Occupation
Real Estate Develop.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: 90601.C173760

Amount of Each Receipt this Period

1500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Brad Marston

Mailing Address 90 Beacon Street
#2

City State Zip Code
Boston MA 02108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: 90522.C173671

Amount of Each Receipt this Period

75.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Brent Mangel

Mailing Address 200 Ayer Road

City State Zip Code
Harvard MA 01451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: 90522.C173636

Amount of Each Receipt this Period

300.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Edward Michaud

Mailing Address 12 Highland St.

City State Zip Code
Weston MA 02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1240.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: 90522.C173692

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

385.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Christy Mihos

Mailing Address 63 Smiths Point
DO NOT MAIL-

City State Zip Code
Yarmouth MA 02673

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christys Markets, Inc.

Occupation
Corporate Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: 90522.C173645

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Bruce Mittman

Mailing Address 14 Longmeadow Road

City State Zip Code
Newton MA 02459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mittcom Inc.

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: 90520.C173608

Amount of Each Receipt this Period

1500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Rodger Nordblom

Mailing Address 200 Barnes Hill Rd.

City State Zip Code
Concord MA 01742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nordblom Company

Occupation
Real Estate Develop.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: 90528.C173730

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

11500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Albert Paladino

Mailing Address 12 Wachusett Rd.

City

Chestnut Hill

State

MA

Zip Code

02467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Venture Capitalist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: 90513.C173480

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Laurence Pierce

Mailing Address 25 Circle Street

City

Marblehead

State

MA

Zip Code

01945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 9

Transaction ID: 90514.C173564

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Thomas Raphael

Mailing Address 666 Main St. Apt 412

City

Winchester

State

MA

Zip Code

01890

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 9

Transaction ID: 90514.C173546

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Richard Sampson

Mailing Address 8 Sheffield Rd.

City

Winchester

State

MA

Zip Code

01890

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Alarm & Commun.,
Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: 90528.C173746

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Carl Selavka

Mailing Address 73 North Maple Street

City

Hadley

State

MA

Zip Code

01035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: 90513.C173489

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John Shaughnessy

Mailing Address 91 Longmeadow Rd.

City

Milton

State

MA

Zip Code

02186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shaughnessy and Ahern

Occupation
Businessman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 9

Transaction ID: 90514.C173545

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Andrew Silinsh

Mailing Address 2 Blacksmith Rd

City

Chelmsford

State

MA

Zip Code

01824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: 90601.C173761

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

David Sukoff

Mailing Address 41 Dunelm Rd

City

Bedford

State

MA

Zip Code

01730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bedford Public Schools

Occupation
Coach

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: 90513.C173475

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mimi Sundstrom

Mailing Address 66 Allerton Rd.

City

Milton

State

MA

Zip Code

02186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Student

Occupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: 90528.C173745

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City

Chelmsford

State

MA

Zip Code

01863

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 9

Transaction ID: 90514.C173561

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Patricia Tucker

Mailing Address 4 Sturbridge Rd.

City

Wellesley

State

MA

Zip Code

02481

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

At home

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: 90601.C173794

Amount of Each Receipt this Period

300.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Richard Wheeler

Mailing Address 102 Princeton Road

City

Brookline

State

MA

Zip Code

02467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: 90522.C173680

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Constance V R White

Mailing Address 68 Beacon St.

City

Boston

State

MA

Zip Code

02108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: 90601.C173759

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

George Young

Mailing Address 235 Walker St. Apt 252

City

Lenox

State

MA

Zip Code

01240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 9

Transaction ID: 90514.C173548

Amount of Each Receipt this Period

300.00

Receipt

C.

Full Name (Last, First, Middle Initial)

George Young

Mailing Address 235 Walker St. Apt 252

City

Lenox

State

MA

Zip Code

01240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: 90522.C173653

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

John Zvara

Mailing Address 8 Childs Rd

City

Lexington

State

MA

Zip Code

02421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: 90601.C173790

Amount of Each Receipt this Period

300.00

Receipt

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

47093.33

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 45

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City

Reading

State

MA

Zip Code

01867-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2290.14

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 9

Transaction ID: 90515.C173588

Amount of Each Receipt this Period

1145.00

Offsets to Operating Expe-
nditu

SUBTOTAL of Receipts This Page (optional)

1145.00

TOTAL This Period (last page this line number only)

1145.00

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Massachusetts Republican State Congressional Committee

State: District:

State: District:

COMPUTER SOFTWARE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Byte Bulb

Mailing Address The Trimount Company, Inc.
75 Meadowbrook RD.

City Hanover State MA Zip Code 02339-

Purpose of Disbursement
Party related website development

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90610.E11364

Date of Disbursement

05 / 29 / 2009

Amount of Each Disbursement this Period

2316.67

PARTY RELATED WEBSITE DEVELOPMENT

B.

Full Name (Last, First, Middle Initial)

Css Castle Self-Storage

Mailing Address 39 Old Colony Ave.

City Boston State MA Zip Code 02127-

Purpose of Disbursement
Rent for Storage Unit

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90610.E11363

Date of Disbursement

05 / 29 / 2009

Amount of Each Disbursement this Period

329.00

RENT FOR STORAGE UNIT

C.

Full Name (Last, First, Middle Initial)

Nick Connors

Mailing Address 74 Green Street

City Stoneham State MA Zip Code 02180-

Purpose of Disbursement
Reimbursement for parking food and travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90610.E11375

Date of Disbursement

05 / 14 / 2009

Amount of Each Disbursement this Period

199.80

REIMBURSEMENT FOR PARKING FOOD AND TRAVEL

SUBTOTAL of Disbursements This Page (optional)

2845.47

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Nick Connors

Mailing Address 74 Green Street

City
Stoneham

State
MA

Zip Code
02180-

Purpose of Disbursement
Reimbursement for parking food and travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90610.E11374

Date of Disbursement

/ /

Amount of Each Disbursement this Period

91.52

REIMBURSEMENT FOR PARKING
FOOD AND TRAVEL

B.

Full Name (Last, First, Middle Initial)

Nick Connors

Mailing Address 74 Green Street

City
Stoneham

State
MA

Zip Code
02180-

Purpose of Disbursement
Reimbursement for parking food and travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90610.E11368

Date of Disbursement

/ /

Amount of Each Disbursement this Period

321.70

REIMBURSEMENT FOR PARKING
FOOD AND TRAVEL

C.

Full Name (Last, First, Middle Initial)

Keswick Consulting

Mailing Address 231 Victory Road

City
Quincy

State
MA

Zip Code
02171-

Purpose of Disbursement
Political Consulting Fee - party related non FEA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90610.E11345

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

POLITICAL CONSULTING FEE -
PARTY RELATED NON FEA

SUBTOTAL of Disbursements This Page (optional)

3413.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Copy Cop	Transaction ID: 90610.E11331 Date of Disbursement																				
Mailing Address 12 Channel St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	0	9												
City Boston State MA Zip Code 02210-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Mailing cost for fundraiser invitation Party Related - Non FEA	<table border="1"> <tr> <td colspan="10">1123.94</td> </tr> </table>	1123.94																			
1123.94																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ MAILING COST FOR FUNDRAISER INVITATION PARTY RELATED - NON FEA																				
B. Full Name (Last, First, Middle Initial) DirecTV DirecTV	Transaction ID: 90610.E11350 Date of Disbursement																				
Mailing Address PO Box 60036	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	0	9												
City Los Angeles State CA Zip Code 90060-0036	Amount of Each Disbursement this Period																				
Purpose of Disbursement Cable Service	<table border="1"> <tr> <td colspan="10">46.99</td> </tr> </table>	46.99																			
46.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ CABLE SERVICE																				
C. Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 90610.E11349 Date of Disbursement																				
Mailing Address PO Box 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	0	9												
City Pittsburgh State PA Zip Code 15250-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Express Mail	<table border="1"> <tr> <td colspan="10">59.06</td> </tr> </table>	59.06																			
59.06																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ EXPRESS MAIL																				

SUBTOTAL of Disbursements This Page (optional)

1229.99

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 90610.E11344 Date of Disbursement																				
Mailing Address PO Box 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	9												
<table border="1"> <tr> <td>City Pittsburgh</td> <td>State PA</td> <td>Zip Code 15250-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Express Mail</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Pittsburgh	State PA	Zip Code 15250-	Purpose of Disbursement Express Mail		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>89.28</td> </tr> </table>	89.28											
City Pittsburgh	State PA	Zip Code 15250-																			
Purpose of Disbursement Express Mail		<input type="text"/> Category/ Type																			
Candidate Name																					
89.28																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:			EXPRESS MAIL												
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				
B. Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 90610.E11362 Date of Disbursement																				
Mailing Address PO Box 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	9		2	0	0	9												
<table border="1"> <tr> <td>City Pittsburgh</td> <td>State PA</td> <td>Zip Code 15250-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Express Mail</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Pittsburgh	State PA	Zip Code 15250-	Purpose of Disbursement Express Mail		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>7.43</td> </tr> </table>	7.43											
City Pittsburgh	State PA	Zip Code 15250-																			
Purpose of Disbursement Express Mail		<input type="text"/> Category/ Type																			
Candidate Name																					
7.43																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:			EXPRESS MAIL												
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				
C. Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 90610.E11373 Date of Disbursement																				
Mailing Address 34 Fresno St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	9												
<table border="1"> <tr> <td>City Boston</td> <td>State MA</td> <td>Zip Code 02131-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Reimbursement for parking food and travel</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Boston	State MA	Zip Code 02131-	Purpose of Disbursement Reimbursement for parking food and travel		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>55.53</td> </tr> </table>	55.53											
City Boston	State MA	Zip Code 02131-																			
Purpose of Disbursement Reimbursement for parking food and travel		<input type="text"/> Category/ Type																			
Candidate Name																					
55.53																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:			REIMBURSEMENT FOR PARKING FOOD AND TRAVEL												
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				

SUBTOTAL of Disbursements This Page (optional)

152.24

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Hampshire House

Mailing Address 84 Beacon St.

City
Boston

State
MA

Zip Code
02108-

Purpose of Disbursement

Room Rental and Catering for Fundraiser Party Related - Non FEA

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 90610.E11332

Date of Disbursement

05 / 08 / 2009

Amount of Each Disbursement this Period

576.50

ROOM RENTAL AND CATERING
FOR FUNDRAISER PARTY REL-
ATED - NON FEA

B.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City
Quincy

State
MA

Zip Code
02170-

Purpose of Disbursement

Reimbursement for parking food and travel

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 90610.E11370

Date of Disbursement

05 / 14 / 2009

Amount of Each Disbursement this Period

129.03

REIMBURSEMENT FOR PARKING
FOOD AND TRAVEL

C.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City
Quincy

State
MA

Zip Code
02170-

Purpose of Disbursement

Reimbursement for awards for honorees at fundraising event

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 90610.E11369

Date of Disbursement

05 / 29 / 2009

Amount of Each Disbursement this Period

199.00

REIMBURSEMENT FOR AWARDS
FOR HONOREES AT FUNDRAISI-
NG EVENT

SUBTOTAL of Disbursements This Page (optional)

904.53

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City Lynn State MA Zip Code 01902-

Purpose of Disbursement
Reimbursement for parking food and travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90610.E11372

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

37.17

REIMBURSEMENT FOR PARKING
FOOD AND TRAVEL

B.

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City Lynn State MA Zip Code 01902-

Purpose of Disbursement
Reimbursement for parking food and travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90610.E11379

Date of Disbursement

05 / 29 / 2009

Amount of Each Disbursement this Period

273.11

REIMBURSEMENT FOR PARKING
FOOD AND TRAVEL

C.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City Belmont State MA Zip Code 02478-

Purpose of Disbursement
Reimbursement for parking food and travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90610.E11367

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

249.54

REIMBURSEMENT FOR PARKING
FOOD AND TRAVEL

SUBTOTAL of Disbursements This Page (optional)

559.82

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Merchants Bankcard</p> <p>Mailing Address Fleet Bank 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90615.E11380</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 139.34</p> <p>CREDIT CARD FEE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Merchants Bankcard</p> <p>Mailing Address Fleet Bank 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90615.E11381</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>CREDIT CARD FEE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Merchants Bankcard</p> <p>Mailing Address Fleet Bank 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90615.E11382</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>CREDIT CARD FEE</p>

SUBTOTAL of Disbursements This Page (optional)

189.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322

City
Philadelphia

State
PA

Zip Code
19170-0322

Purpose of Disbursement
Copier Equipment Lease

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90610.E11330

Date of Disbursement

05 / 14 / 2009

Amount of Each Disbursement this Period

744.68

COPIER EQUIPMENT LEASE

B.

Full Name (Last, First, Middle Initial)

Jennifer Nassour

Mailing Address 49 Chelsea St., Unit C1-307

City
Boston

State
MA

Zip Code
02129-

Purpose of Disbursement
Reimbursement for parking food and travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90610.E11371

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

185.24

REIMBURSEMENT FOR PARKING
FOOD AND TRAVEL

C.

Full Name (Last, First, Middle Initial)

Jennifer Nassour

Mailing Address 49 Chelsea St., Unit C1-307

City
Boston

State
MA

Zip Code
02129-

Purpose of Disbursement
Reimbursement See Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90610.E11377

Date of Disbursement

05 / 29 / 2009

Amount of Each Disbursement this Period

348.18

REIMBURSEMENT SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

1278.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Verizon Verizon Wireless

Mailing Address PO Box 5029

City
Wallingford

State
CT

Zip Code
06492-

Purpose of Disbursement
J. Nassour Reimbursement for cell phone
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90610.E11378

Date of Disbursement

05 / 29 / 2009

Amount of Each Disbursement this Period

348.18

[MEMO ITEM]

MEMO: J. NASSOUR REIMBURS-
EMENT FOR CELL PHONE

B.

Full Name (Last, First, Middle Initial)

Ox-Eye Properties

Mailing Address c/o Massey & Co.
85 Merrimac Street

City
Boston

State
MA

Zip Code
02114-

Purpose of Disbursement
Rent and Utilities
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90610.E11366

Date of Disbursement

05 / 29 / 2009

Amount of Each Disbursement this Period

4805.18

RENT AND UTILITIES

C.

Full Name (Last, First, Middle Initial)

Plaza Hotel- Park Plaza Hotel

Mailing Address 64 Arlington Street

City
Boston

State
MA

Zip Code
02116-

Purpose of Disbursement
Room Rental and Catering for Fundraiser Party Related - Non FEA
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90610.E11343

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

7250.40

ROOM RENTAL AND CATERING
FOR FUNDRAISER PARTY RELA-
TED - NON FEA

SUBTOTAL of Disbursements This Page (optional)

12055.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295	Transaction ID: 90610.E11357 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 1 / 2 0 0 9</div> </div>
City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>227.05</div> PAYROLL FEE
B. Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll Tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90610.E11341 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 4 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2223.90</div> PAYROLL TAX
C. Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll 401k Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90610.E11333 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>155.00</div> PAYROLL 401K FEE

SUBTOTAL of Disbursements This Page (optional)

2605.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Paypal Paypal	Transaction ID: 90615.E11384 Date of Disbursement																				
Mailing Address 12312 Port Grace Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	4		2	0	9													
City La Vista State NE Zip Code 68128-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Fee	<table border="1"> <tr> <td>30.00</td> </tr> </table>	30.00																			
30.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ CREDIT CARD FEE																				
B. Full Name (Last, First, Middle Initial) Paypal Paypal	Transaction ID: 90520.E11324 Date of Disbursement																				
Mailing Address 12312 Port Grace Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	8		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	8		2	0	9													
City La Vista State NE Zip Code 68128-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Fee	<table border="1"> <tr> <td>51.75</td> </tr> </table>	51.75																			
51.75																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ CREDIT CARD FEE																				
C. Full Name (Last, First, Middle Initial) Paypal Paypal	Transaction ID: 90522.E11325 Date of Disbursement																				
Mailing Address 12312 Port Grace Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	1		2	0	9													
City La Vista State NE Zip Code 68128-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Fee	<table border="1"> <tr> <td>31.98</td> </tr> </table>	31.98																			
31.98																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ CREDIT CARD FEE																				

SUBTOTAL of Disbursements This Page (optional)

113.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Paypal Paypal	Transaction ID: 90528.E11326 Date of Disbursement																				
Mailing Address 12312 Port Grace Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	8		2	0	0	9												
City La Vista State NE Zip Code 68128- Purpose of Disbursement Credit Card Fee Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>3</td><td>1</td><td>.</td><td>2</td><td>3</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	3	1	.	2	3															
3	1	.	2	3																	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type CREDIT CARD FEE																				
B. Full Name (Last, First, Middle Initial) Staples, Inc.	Transaction ID: 90610.E11361 Date of Disbursement																				
Mailing Address Staples Credit Plan Dept. 80 - 0088936796	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	9		2	0	0	9												
City Des Moines State IA Zip Code 50368-9020 Purpose of Disbursement Office Supplies Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>6</td><td>4</td><td>.</td><td>6</td><td>1</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	6	4	.	6	1															
6	4	.	6	1																	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type OFFICE SUPPLIES																				
C. Full Name (Last, First, Middle Initial) Direct Mail Systems	Transaction ID: 90610.E11351 Date of Disbursement																				
Mailing Address 12450 Automobile Boulevard	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	0	9												
City Clearwater State FL Zip Code 33762- Purpose of Disbursement Direct Mail - party related non FEA Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>9</td><td>4</td><td>7</td><td>.</td><td>8</td><td>7</td><td></td><td></td><td></td> </tr> </table>	4	9	4	7	.	8	7													
4	9	4	7	.	8	7															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type DIRECT MAIL - PARTY RELA- TED NON FEA																				

SUBTOTAL of Disbursements This Page (optional)

5043.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Union Club- Boston The Union Club

Mailing Address 8 Park Street

City
Boston

State
MA

Zip Code
02108-

Purpose of Disbursement

Room Rental and Catering for Breakfast Fundraiser - Non FEA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90610.E11360

Date of Disbursement

05 / 29 / 2009

Amount of Each Disbursement this Period

360.74

ROOM RENTAL AND CATERING
FOR BREAKFAST FUNDRAISER -
NON FEA

B.

Full Name (Last, First, Middle Initial)

Verizon Verizon Wireless

Mailing Address PO Box 5029

City
Wallingford

State
CT

Zip Code
06492-

Purpose of Disbursement

Cell Phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90610.E11359

Date of Disbursement

05 / 29 / 2009

Amount of Each Disbursement this Period

101.28

CELL PHONE

SUBTOTAL of Disbursements This Page (optional)

462.02

TOTAL This Period (last page this line number only)

38103.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 / 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Nick Connors

Mailing Address 74 Green Street

City
StonehamState
MAZip Code
02180-Purpose of Disbursement
Payroll

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90610.E11336

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	9

Amount of Each Disbursement this Period

1942.95

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Nick Connors

Mailing Address 74 Green Street

City
StonehamState
MAZip Code
02180-Purpose of Disbursement
Payroll

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90610.E11352

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	0	9

Amount of Each Disbursement this Period

1942.95

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.

City
BostonState
MAZip Code
02131-Purpose of Disbursement
Payroll

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90610.E11337

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	9

Amount of Each Disbursement this Period

503.40

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

4389.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.

City
Boston

State
MA

Zip Code
02131-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90610.E11353

Date of Disbursement

05 / 28 / 2009

Amount of Each Disbursement this Period

657.37

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City
Quincy

State
MA

Zip Code
02170-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90610.E11338

Date of Disbursement

05 / 14 / 2009

Amount of Each Disbursement this Period

1319.20

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City
Quincy

State
MA

Zip Code
02170-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90610.E11354

Date of Disbursement

05 / 28 / 2009

Amount of Each Disbursement this Period

1319.20

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

3295.77

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City
Lynn

State
MA

Zip Code
01902-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90610.E11339

Date of Disbursement

05 / 14 / 2009

Amount of Each Disbursement this Period

349.82

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City
Lynn

State
MA

Zip Code
01902-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90610.E11355

Date of Disbursement

05 / 28 / 2009

Amount of Each Disbursement this Period

648.31

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City
Belmont

State
MA

Zip Code
02478-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90610.E11340

Date of Disbursement

05 / 14 / 2009

Amount of Each Disbursement this Period

1308.92

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

2307.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City
Belmont

State
MA

Zip Code
02478-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90610.E11356

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1308.92

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

1308.92

TOTAL This Period (last page this line number only)

11301.04

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 42 / 45

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Payment of debt for direct mail - party related non FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

1480.45

Transaction ID: LS90610.E11347

Amount Incurred This Period

0.00

Payment This Period

1078.36

Outstanding Balance at Close of This Period

402.09

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Payment of debt for direct mail - party related non FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

3282.16

Transaction ID: LS90610.E11348

Amount Incurred This Period

0.00

Payment This Period

2421.64

Outstanding Balance at Close of This Period

860.52

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Original debt for direct mail - party related non FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

880.53

Transaction ID: LS90513.E11260

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

880.53

1) **SUBTOTALS** This Period This Page (optional).....

2143.14

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 43 / 45

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Original debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

219.34

Transaction ID: LS90513.E11261

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

219.34

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Original debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

5416.25

Transaction ID: LS90513.E11262

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5416.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Original debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

32.49

Transaction ID: LS90513.E11263

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

32.49

1) **SUBTOTALS** This Period This Page (optional).....

5668.08

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 44 / 45

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 SCM Associates

 Nature of Debt (Purpose):
 Original debt for direct
 mail - party related non
 FEA

 Mailing Address Steve Meyers
 1283 Main Street

 City State ZIP Code
 Dublin NH 03444-

Outstanding Balance Beginning This Period

3395.83

Transaction ID: LS90513.E11264

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3395.83

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 SCM Associates

 Nature of Debt (Purpose):
 Original debt for direct
 mail - party related non
 FEA

 Mailing Address Steve Meyers
 1283 Main Street

 City State ZIP Code
 Dublin NH 03444-

Outstanding Balance Beginning This Period

328.84

Transaction ID: LS90513.E11265

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

328.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 SCM Associates

 Nature of Debt (Purpose):
 Original debt for direct
 mail - party related non
 FEA

 Mailing Address Steve Meyers
 1283 Main Street

 City State ZIP Code
 Dublin NH 03444-

Outstanding Balance Beginning This Period

803.20

Transaction ID: LS90513.E11266

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

803.20

1) **SUBTOTALS** This Period This Page (optional).....

4527.87

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 45 / 45

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lexis-NexisNature of Debt (Purpose):
Original debt for research
party related

Mailing Address PO Box 7247-7090

City State ZIP Code
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11275

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lexis-NexisNature of Debt (Purpose):
Original debt for research
party related

Mailing Address PO Box 7247-7090

City State ZIP Code
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lexis-NexisNature of Debt (Purpose):
Original debt for research
party related

Mailing Address PO Box 7247-7090

City State ZIP Code
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11277

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

1) SUBTOTALS This Period This Page (optional).....

1750.00

2) TOTALS This Period (last page this line number only).....

14089.09

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

14089.09